#### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	<b>on</b> 20	05226				port		CANDI	DATE		СОМ	<b>4ITTEE</b>	<b>✓</b>	LOBI	BYIST		
Name of Filing C	Committee, Can	didate or	Lobbyist:		Loca	al 00	)32BJ	PA Amer	ican D	ream	Fund						
Street Address:	101 AVE O	F THE AM	ERICAS														
City:	NEW YORK							State:	NY			Zip Cod	de: 10	0013			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRI PRIMAR	IDAY PRE Y	-	2.	30 DA PRIMA		POST-	OST- 3.			1ENT ?	Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRI ELECTIO	iday pri Dn	E-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	<b>~</b>	
report type)	ANNUAL REPO	<b>RT</b> 7. <b>X</b>	Year 20	006				IG METHO				PAPER	DISKE	TTE			
Name of Office S	ought by Candi	date:	•					DATE O	F ELE	CTIO	N	District Number					
	,							МО	DAY	YE	AR	Number	Code			Code	
								11		7	2006		(SEE IN	STRUCTI	ONS FOR O	CODES)	
Summary of Expenditures		МО	DAY	YEAR			_	МО	DAY	YE	AR		R OFFI	CE USE	ONLY		
			1	1	1	I	0	12		31	2006						
A. Amount Bro	ught Forward F	rom Last	Report				\$			7,9	44.05						
B. Total Monetary Contributions And Receipts (From Schedule I)											0.00						
C. Total Funds Available (Sum Of Lines A and B)										7,9	44.05						
D. Total Expend	ditures (From S	chedule I	II)				\$			1,2	50.00						
E. Ending Cash	Balance (Subtr	act Line [	From Li	ne C)			\$			6,6	94.05						
F. Value Of In-	Kind Contributi	ons Recei	ved (Fron	n Schedu	le II	I)	\$				0.00						
G. Unpaid Debt	s And Obligation	ns (From	Schedule	e IV)			\$				0.00			'			
				AFF	FID/	AVI	T SE	CTION									
PART I - If this is	s a Committee r	eport, tre	asurer si	gn here.	If th	nis is	a Can	ndidate re	port, c	andi	late sig	ın here.					
I swear (or affirm) correct and comple		including th	ne attached	l schedule	s file	ed on	paper (	or by elect	ronic m	edium	are to t	he best o	f my kno	wledge	and belie	ef , true	
Sworn to and subs	cribed before me	this	20							s	ignature	of Perso	n Submit	ting Rep	oort		
							-					Drin	ted Name	<u> </u>			
My Commission 5	_	ature					-							_			
My Commission Ex	MO		DAY	YR			-		——Are	ea Cod	<u> </u>	Ema	il ne Teleph	one Nu	mber		
Part II- If this is						e C	andid:	ate chall				,					
I swear (or affirm) No 320) as amende	that to the best					•					y provisi	ions of th	e act of J	une 3,1	937 (P.L	. 1333,	
Sworn to and subsc		his									e:	ignature d	of Candid	ate			
	day of		20 _				_					ізпасиге (	o Canula	ale			
							_					Printe	d Name				
My Commission Exp	Signatu ires	re										Ema	il				
	МО	I	DAY	YR	t		-		Area	Code		Da	aytime T	elephor	ie Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period		
Local 0032BJ PA American Dream Fund	From:	To:	12/31/2006
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	g Period (1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)			
Contributions Received From Political Committees (Part A)		\$	0.00
All Other Contributions (Part B)		\$	0.00
TOTAL for the Reporting	g Period (2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)			
Contributions Received From Political Committees (Part C)		\$	0.00
All Other Contributions (Part D)		\$	0.00
TOTAL for the Reporting	Period (3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)			
TOTAL for the Reporting	g Period (4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	0.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting				
		From: To:					:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0.00

## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Fining Committee of Canadate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$**0.00

#### **PART C**

### **Contributions Received From Political Committees**

**OVER \$250.00** 

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00	

### ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate			Reporting Period					
		Fron	n:		То	То:		
			D/	ATE		АМ	OUNT	
			МО	DAY	YEAR			
						\$	0.00	
State	Zip Code (Plus	s <b>4</b> )						
			Occupat	tion				
e of	City			State		Zip Code	(Plus 4)	
dule I, Detailed Su	ımmary Page,	Section	on 3.				<b>GE TOTAL</b> 0.00	
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4)  Occupation  Other State	State Zip Code (Plus 4)  Occupation  Occupation  Other State  Occupation  Output  Outp	DATE AM  MO DAY YEAR  \$ State Zip Code (Plus 4)  Occupation  City State Zip Code	

## OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	·						
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, <b>200</b> 0000		22300				\$	0.00

#### **SCHEDULE II**

#### **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
Local 0032BJ PA American Dream Fund	From:	To:	12/31/2006
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	<b>\$</b>	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	<b>\$</b>	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	ate		Reportin	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>\$</b>	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		PAGE TOTAL	
Section 2.						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Re	porting	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			•			Occupa	ation		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	n-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00
Summary Page, Section 3.										0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Car	ndidate		Reporti	ng Period			
Local 0032BJ PA American Drea	am Fund		From			То:	12/31/2006
				AMOUNT			
<b>To Whom Paid</b> Friends of Juan Ramos	мо	DAY	YEAR				
Mailing Address PO Box 58354				8	2006	\$	1,000.00
<b>City</b> Philadelphia	State PA	<b>Zip Code (Plus 4)</b> 19102		otion of Exp			
<b>To Whom Paid</b> V.O.T.E. Ruth Damsker Cmte			МО	DAY	YEAR		
Mailing Address 7840 Cedar Lane			12	24	2006	\$	250.00
				otion of Exp			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

**PAGE TOTAL** 

1,250.00